STATEMENT OF

FORM 1	ORGANIZ (See instruc			Office use only
1. NAME OF COMMITTEE (in	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Intl Union of E	Bricklayers & Allied Craftworke	rs PAC		
ADDRESS (number and	street) 620 F Street, NW			
(Check if address is changed)	Suite 900			
	Washington		DC	20004
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one	e-mail address)		
(Check if address is changed)	holly@campaignce	ompliance.net		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)				
2. DATE 0.3				
3. FEC IDENTIFICA	TION NUMBER	C C00003632		
4. IS THIS STATEM	NEW (N) OR	AMENDED (A	A)	
I certify that I have exam	ned this Statement and to the best of my k	nowledge and belief it is true, corr	rect and complete	
Time or Driet Name of	Treacurer James Boland			
Type or Print Name of	Treasurer			
Signature of Treasurer	Electronically Filed by James E	Boland	Date 03	19 / YYYY
NOTE: Submission of fa	lse, erroneous, or incomplete information n	nay subject the person signing thi	•	-
Office Use Only		For further informa Federal Election Co Toll Free 800-424-9	mmission 530	FEC FORM 1 (Revised 02/2009)